

EFFECTIVE

November 1, 2011.

SUBJECTS

1. Independent living services (ILS) series of the Adult Services Manual (ASM) number and section changes.
 - ASM 100; Independent Living Services Program Overview.
 - ASM 101; Available Services.
 - ASM 102; Person Centered Planning and Advocacy.
 - ASM 103; Services Methodology.
 - ASM 105; Eligibility Criteria.
 - ASM 110; Referral Process.
 - ASM 115; Adult Services Requirements.
 - ASM 120; Adult Services Comprehensive Assessment.
 - ASM 121; Functional Definitions and Rankings.
 - ASM 122; Home Help in the Work Place.
 - ASM 125; Coordination with Other Services.
 - ASM 130; Service Plan.
 - ASM 135; Home Help Providers.
 - ASM 136; Agency Providers.
 - ASM 137; Services Animals.
 - ASM 138; County Rates.
 - ASM 140; Payment Authorizations.
 - ASM 145; Federal Income Contribution Act (FICA).
 - ASM 150; Notification of Eligibility Determination.
 - ASM 155; Reviews.
 - ASM 160; Warrants.
 - ASM 161; Warrant Treasury Codes and Disposition.
 - ASM 165; Overpayment and Recoupment Process.
 - ASM 170; Case Closure.
2. New language referencing the Medicaid State Plan (ASM 100).
3. Complex Care Definition (ASM 101 & ASM 120).
4. Home Help Services for Minor Children (ASM 101).
5. Appropriate level of care (ASM 105).
6. Contact with the provider (ASM 115).
7. DHS-54A requirements for Disabled Adult Children (ASM 115 & ASM 155).
8. Proration of IADLs (ASM 120).
9. Legal Dependent (ASM 120).
10. Coordination with other services (ASM 125).
11. Maximum payment level for adults in need of protection (ASM 125 & ASM 140).

**1) ILS MANUAL
NUMBER AND
SECTION
CHANGES**

12. Individual and agency home help providers (ASM 135).
13. FICA Rebates and Reimbursements (ASM 145).
14. W-2 and 1099 (ASM 145).
15. Warrants (ASM 160).
16. Recoupment methods (ASM 165).
17. Renumbering of ASM 380 to new APS series ASM 264.
18. Termination of Protective Goal (ASM 205).
19. Home Help Eligibility Criteria (ASM 101, ASM 105 & ASM 120).

ASM 100, 101, 102, 103, 105, 110, 115, 120, 121, 122, 125, 130, 135, 136, 137, 138, 140, 145, 150, 155, 160, 161, 165, 170.

The ILS series of the Adult Services Manual (ASM) has been resectioned and renumbered. Current policy has been clarified in the new items and obsolete language removed. Examples were added to enhance clarification of policy.

Note: To view historical policy items, open the DHS online manuals. Change the effective date in the Open/Jump/Search (OJS) panel to September, 2011 or before. Refer to the OLM User Guide beginning on page 22.

The following manual items were obsoleted and pertinent information incorporated into the new series:

- ASM 312, Service Methodology.
- ASM 361, ILS Program Overview.
- AMS 362, ILS Requirements.
- ASM 363, ILS Program Procedures.
- ASM 365, Appendix.

The following manual items were obsolete and therefore removed:

- ASM 331, Physical Disability Services (PDS) Program.
- ASM 334, PDS Services Codes and Resources.
- ASM 391, Client Information System (CIS).

Information in SRM 161, Services Case Process, was incorporated into ASM 150, Notification of Eligibility Determination.

Information in SRM 181, Recoupment, was incorporated into ASM 165, Overpayment and Recoupment Process.

Information in SRM 192, Warrants-Model Payment System, was incorporated into ASM 160, Warrants.

Some links may have been broken and will be reestablished after the conversion to Share Point.

The use of the Medical Review Team (MRT) to determine eligibility when a client refuses to see a physician or if the physician refused to complete a DHS-54A is no longer an option.

Reason: Information is easier to locate and more easily understood.

2) NEW LANGUAGE REFERENCING THE MEDICAID STATE PLAN

ASM 100

New language referencing the Medicaid State Plan added under Legal Authority:

Medicaid State Plan is the state's contract with the federal government to provide a Medicaid program. Independent living services (home help) is the Medicaid State Plan for personal care services in the home. The Michigan Department of Community Health (MDCH) is the single state agency for Medicaid.

Reason: Clarification of policy.

3) COMPLEX CARE DEFINITION AND TASKS

ASM 101 and ASM 120

Complex care definition and tasks added to the ASM items.

Complex care refers to conditions requiring intervention with special techniques and/or knowledge. These complex care tasks are performed on clients whose diagnoses or conditions require more management. The conditions may also require special treatment and equipment for which specific instructions by a health professional or client may be required in order to perform.

- Eating and feeding.
- Catheters or legs bags.

- Colostomy care.
- Bowel program.
- Suctioning.
- Specialized skin care.
- Range of motion exercises.
- Peritoneal Dialysis.
- Wound care.
- Respiratory Treatment.
- Ventilators.
- Injections.

Reason: Clarification of policy.

4) HOME HELP SERVICES FOR MINOR CHILDREN

ASM 101

Language from the Medicaid State Plan added to the manual regarding personal care services for minors.

When providing for minor children, personal care services must be shown to be a necessary supplement to usual parental care, justified by the high service needs of the family. High service needs are those which arise from a physical, medical, emotional, or mental impairment of the minor child and which require significantly higher levels of intervention than those required by a child of the same age without similar impairments.

Reason: Clarification of policy.

5) APPROPRIATE LEVEL OF CARE

ASM 105

Verify client's level of care to avoid duplication of services. The level of care will determine if the client is enrolled in other programs.

Reason: Clarification of policy.

6) CONTACT WITH THE PROVIDER

ASM 115 and ASM 155

An initial face-to-face interview must be completed with the home help provider in the client's home or local DHS office.

A face-to-face or phone contact must be made with the provider at the next review or redetermination to verify services are being furnished.

Note: If contact is made by phone, the provider must offer identifying information such as date of birth and the last four digits of their social security number. A face-to-face interview in the client's home or local DHS office must take place at the next review or redetermination.

Reason: Implementation of new policy.

7) DHS-54A REQUIREMENTS FOR DISABLED ADULT CHILDREN

ASM 115 and ASM 155

The DHS-54A, Medical Needs form, is **only** required at the initial opening for SSI recipients and **disabled adult children (DAC)**. All other Medicaid recipients must have a DHS-54A completed at the initial opening and annually thereafter.

Reason: Implementation of new policy.

8) PRORATION OF IADLS

ASM 120

If the client does not require the maximum allowable hours for IADLs, authorize only the amount of time needed for each task. Assessed hours for IADLs (except medications) must be prorated by **one half** in shared living arrangements where other adults reside in the home, as home help services are **only** for the benefit of the client.

Reason: Implementation of new policy.

9) LEGAL DEPENDENTS

ASM 120

Shopping, laundry or light housecleaning must not be approved when a legal dependent of the client (minor 15-17) resides in the home, unless they are unavailable or unable to provide these services.

Reason: Clarification of current policy.

10) COORDINATION WITH OTHER SERVICES

ASM 125

The following sections have been added to this manual item:

- Community Mental Health.
- MI Choice Waiver.
- Adoption Subsidy.
- Nursing Home Transition.
- PACE.
- Description of level of care codes.

Reason: Clarification of current policy and implementation of new policy.

11) MAXIMUM PAYMENT LEVEL FOR ADULTS IN NEED OF PROTECTION

ASM 125 and ASM 140

The special adult protective services (APS) home help services component may be authorized to support the adult protective service plan of a vulnerable adult who is at risk of harm, abuse, neglect or exploitation.

The maximum payment level is \$1000 within a 12 month fiscal year. These authorizations are payable to the provider only and FICA is not withheld.

This policy took effect October 1, 2011.

Reason: Implementation of new policy.

**12) INDIVIDUAL
AND AGENCY
PROVIDERS****ASM 135 and ASM 136****Provider
Selection**

Home help services **cannot** be paid to a fiscal intermediary.

Home help providers who also provide day-care services must not provide both services concurrently.

Home help services cannot be paid to a responsible relative. Couples who are separated **must** provide verification that they are no longer residing in the same home.

Provider Criteria

Providers must be 18 years or older.

**Provider
Interview**

During the provider interview the worker must explain:

- The client and provider are responsible for notifying the adult services specialist within 10 business days when there is a change of providers or care needs.
- The provider and/or client is responsible for notifying the adult services specialist within 10 business days if the client is hospitalized.

Note: Home help services **cannot** be paid the day a client is admitted into the hospital but **can** be paid the day of discharge.

- Parents who wish to have FICA withheld from warrants must be assigned in ASCAP as other relative in the Provider Assignment screen.
- Questions pertaining to the unionization of home help providers must be directed to the SEIU at 866-734-8466.

**Medical
Assistance
Home Help
Provider
Agreement
(MSA-4678)**

Policy regarding the MSA-4678 was released in the interim policy bulletin, ASB-2010-002, Independent Living Services Provider Agreement. Policy pages have been updated in the manual.

Instructions on how to locate the MSA-4678 signature date in ASCAP are listed in the manual.

**Provider Income
Verifications**

Requests received by the local office for verification of provider income or employment should be forwarded to the Department of Community Health.

**Verification of
Agency Status**

Procedures for the verification of agency status have been updated. The adult services specialist should instruct agencies to submit the required documentation for agency status approval to the Michigan Department of Community Health.

A list of approved agencies is maintained on the Adult Services Home Page. If an agency is on the Home Help Agency List, their status as an approved agency extends to all counties.

**Agency
Registration and
Procedures**

Payments made for the provision of personal care services to Medicaid recipients qualify as income that must be reported to the Internal Revenue Service (IRS) by the Michigan Department of Community Health.

All agency home help providers must register with the state of Michigan by submitting a W-9, Request for Taxpayer Identification Number and Certification. MDCH will use the information collected from the W-9 to produce a 1099 that will detail payments made by MDCH during the tax year.

Home help agency providers must complete a W-9 and submit it to the state of Michigan Vendor Registration either by mail, fax or online.

Agency providers must submit a new W-9 to Vendor Registration for a change of address as well as contact the local DHS office to update information on Bridges.

Agency Billing

Agency/business providers must submit an invoice for payment to the adult services specialist within 365 days of the payment service date. Each invoice statement must specify all of the following:

- The service(s) provided.
- The date(s) of service.
- The amount of time provided for each service.

The specialist must review the invoice to ensure the hours billed by the agency **do not** exceed the capped limits for IADLs.

Reason: Clarification of current policy and implementation of new policy.

13) FICA REBATES AND FICA REIMBURSEMENT S

ASM 145

FICA Rebates

FICA rebates are issued to **all** providers who earn **less** than the gross limit set by the federal government; See www.irs.gov/pub/irs-pdf/p15.pdf.

The Michigan Department of Community Health issues FICA rebates at the end of the calendar year.

Note: If a FICA rebate warrant is returned to Treasury as undeliverable ASAP will generate a DCH-2362A, Adult Services Warrant Rewrite/Disposition Request, for the warrant to be rewritten or canceled.

**FICA
Reimbursement
s**

If a provider is coded incorrectly and FICA is withheld in error, the adult services specialist must send an email to the Michigan Department of Community Health Medicaid Collections Unit mailbox at MDCH-Medicaid-Collections-Unit@michigan.gov.

Reason: Clarification of current policy and implementation of new policy.

14) W-2 AND 1099**ASM 145****W-2s/W-2
Correction**

W-2s are issued to **all** individual home help providers. W-2s are based on wages **paid** in a calendar year. Follow W-2 correction procedures outlined in the manual.

**1099/1099
Corrections**

Payments made to agency providers for the provision of home help services qualify as income that must be reported to the IRS. 1099's are issued to all agency providers.

Refer agency providers to the Provider Hotline at 800-292-2550 for 1099 corrections or non receipt of a 1099. MDCH will request verification of earnings from the adult services specialist.

Reason: Clarification of current policy and implementation of new policy.

15) WARRANTS**ASM 160****Adult Services
Authorized
Payments
(ASAP)**

Adult services warrants are processed through the Michigan Department of Community Health Adult Services Authorized

Payments (ASAP) system and are rewritten by the Michigan Department of Community Health Medicaid Collections Unit.

The Adult Services Authorized Payment system (ASAP) maintains a payment history dating back to April 2006. To obtain payment history prior to April 2006 contact the Office of Adult Services via the policy mailbox at Policy-Adult-Services-DHS@michigan.gov.

**DCH-
2362A/DHS-2362**

The DCH-2362A, Adult Services Warrant Rewrite/Disposition Request, is generated electronically by ASAP or the MDCH Medicaid Collections unit when a warrant is canceled, stopped or returned to Treasury as undelivered.

All information pertaining to the client and provider must be accurate on ASCAP and Bridges before processing the DHS-2362 or DCH-2362A.

For home help, the warrant amount on the DHS-2362/DCH-2362A is the amount of the care cost authorized before any client pay, union dues or FICA amounts are deducted (gross). If the warrant amount remains the same, leave the warrant amount blank (item 26 on the DHS 2362 or item 24 on the DCH 2362A).

The specialist must verify the following before processing the DHS-2362 or DCH-2362A.

- Dual-party warrants:

Client address information must be updated on the Basic Client screen in ASCAP.

- Single-party warrants:

Changes to provider information must be done in BRIDGES by completing the DHS-2351X, Provider Enrollment/Change Request.

- Agency or business providers.

The provider information on BRIDGES and Vendor Registration (MAIN) must match. Agencies **must** submit a new W-9 to Vendor Registration whenever there is a change in address

**Warrant Rewrite
Actions**

The process for rewriting a warrant was pulled from SRM 192. The Michigan Department of Community Health Medicaid Collections Unit is now responsible for rewriting all adult services warrants and has the functionality to generate the necessary forms. Follow the procedures outlined in ASM 160.

The Adult Services Authorized Payment (ASAP) system does not require an authorization in ASCAP to be updated when rewriting a dual party warrant to a single party warrant.

**Warrants
Canceled by
Treasury Over
180 Days Old**

After 180 days, uncashed warrants are automatically canceled by Treasury. These warrants will display a disposition reason of **can-celed over 180 days old**. The Adult Services Authorized Payment system (ASAP) will generate a DCH-2362A and forward it via email to the local DHS fiscal unit.

**Warrants Not
Issued Because
of Invalid
Provider Tax
Number**

Invalid provider tax identification numbers for home help agency providers or adult foster care/homes for the aged providers, will result in adult services warrants not being issued.

Social security or federal tax ID numbers for **all** adult services providers can only be updated or changed on Bridges by Provider Management in DHS Central Office.

Requests for a provider social security or federal tax id number correction must be sent to the provider management email box at: DHS-Provider-Management@michigan.gov.

Refer to the procedures outlined in ASM 160 as this process in policy is new.

Garnishment

A writ of garnishment is how some creditors recover unpaid debt. Wage garnishment in Michigan comes after a court-ordered judgment.

Single party warrants are considered earnings to the provider and **are** subject to garnishment. Dual party warrants **are not** subject to garnishment as these payments are a benefit to the client.

Forward new requests for garnishment, received at the local DHS office, to:

Michigan Department of Community Health
Office of Legal Affairs
201 Townsend
Lansing, Michigan 48913

Treasury Offset

The Department of Treasury can pull a warrant to offset a debt owed to the state by the provider.

If the provider disputes this action, the specialist should refer them to:

Department of Treasury
Collections Offset Unit, 3rd Party
517-636-5333

Note: When single party warrants are pulled by Treasury, they **cannot** be rewritten.

Reason: Clarification of current policy and implementation of new policy.

**16) RECOUPMENT
METHODS****ASM 165****Willful Client
Overpayment**

No recoupment action is taken on cases that are referred to OIG for investigation while the investigation is being conducted. The specialist must:

- Complete the DHS-566, Recoupment for Home Help. Select **Other** under the reason for overpayment. Note that a fraud referral was made to the Office of Inspector General.
- Send a copy of the DHS-566, with a copy of the DHS-834, Fraud Investigation Request to the Michigan Department of Community Health Medicaid Collections unit.
- **Do not** send a copy of the recoupment letter to the client or provider. MDCH will notify the client/provider after the fraud investigation is complete.

**Adult Services
Programs**

The adult services specialist must not attempt to collect overpayments by withholding a percentage of the overpayment amount from future authorizations or reducing the full amount from a subsequent month.

**Recoupment
Letter**

Instructions for the recoupment letter were added to the manual.

**Overpayments
Returned to
Local DHS
Office**

Overpayments returned to the local DHS fiscal unit must be forwarded to the Michigan Department of Community Health Medicaid Collections unit in accordance to ACM 430.

The adult services specialist must complete a DHS-566 and forward to MDCH Medicaid Collections unit.

All repay agreements for home help and adult community placement overpayments are established by MDCH.

**Withdrawal of
Recoupment**

If the recoupment is rescinded by the adult services specialist, the MDCH Medicaid Collections unit must be notified in writing that the

recoupment has been canceled. Send written notice via email to MDCH-Medicaid-Collections-Unit@michigan.gov.

**Verification of
Recoupment**

Upon receipt of the DHS-566, the MDCH Medicaid Collections unit will create a receivable account so funds are properly tracked and credited.

If the adult services specialist needs to verify an overpayment has been recouped, contact the Michigan Department of Community Health Medicaid Collections Unit via their email box at MDCH-Medicaid-Collections-Unit@michigan.gov.

Reason: Clarification of current policy and implementation of new policy.

**17)
RENUMBERING
OF ASM 380 TO
NEW APS SERIES**

Adult Services Manual (ASM) 380, Law Enforcement Information Network (LEIN) for Adult Protective Services has been renumbered as:

ASM 264; Law Enforcement Information Network (LEIN) for Adult Protective Services.

Reason: Information is easier to locate.

**18) TERMINATION
OF PROTECTIVE
GOAL****ASM 205**

When closing a case, the worker must inform the client of the actions being taken and document this action in the ASCAP narrative section. Written notification is no longer required.

Reason: Clarification of policy.

**19) HOME HELP
ELIGIBILITY
CRITERIA****ASM 101, ASM 105 & ASM 120**

An individual must be assessed with at least one activity of daily living (ADL) in order to be eligible to receive home help services.

Note: If the assessment determines a need for an ADL at a level 3 or greater but these services are not paid for by the department, the individual would be eligible to receive IADL services.

Policy from Interim Bulletin 2011-001 has been updated with this policy release.

Reason: Implementation of new policy due to a legislative directive.

**MANUAL
MAINTENANCE
INSTRUCTIONS****Added Items ...**

**ASM 100
ASM 101
ASM 102
ASM 103
ASM 105
ASM 110
ASM 115
ASM 120
ASM 121
ASM 122
ASM 125
ASM 130
ASM 135
ASM 136
ASM 137
ASM 138
ASM 140
ASM 145
ASM 150
ASM 155
ASM 160
ASM 161
ASM 165
ASM 170
ASM 264**

Changed Items (content changes) ...

ASM 205

Deleted Items ...

**ASM 312
ASM 331
ASM 334
ASM 361
ASM 362
ASM 363
ASM 365
ASM 380**

ASM 391